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510(K) SUMMARY OF SAFETY AND EFFECTIVENESS

In accordance with the Food and Drug Administration Rule to implement provisions of the Safe Medical Devices Act of 1990 and in conformance with 21 CFR 807, this information serves as a Summary of Safety and Effectiveness for the use of the CHARLOTTE™ High-Demand Compression Screw.

Submitted By:	Wright Medical Technology, Inc.
Date:	November 24, 2004
Contact Person:	Wesley L. Reed Regulatory Affairs Specialist
Proprietary Name:	CHARLOTTE™ High-Demand Compression Screw
Common Name:	Bone Fixation Screw
Classification Name and Reference:	21 CFR 888.3040 Smooth or threaded metallic bone fixation fastener – Class II
Device Product Code and Panel Code:	21 CFR 888.3040 Smooth or threaded metallic bone fixation fastener – Class II

DEVICE INFORMATION

A. INTENDED USE

The CHARLOTTE™ High-Demand Compression Screw is indicated for fixation of bone fractures or for bone reconstruction. Examples include:

- Fixation of bone fragments, in long bones or small bones fractures
- Fracture management in the foot or hand
- Arthrodesis in hand, foot or ankle surgery
- Mono or Bi-cortical osteotomies in the foot or hand or in long bones
- Treatment of inferior tibio fibular diastasis
- Hindfoot arthrodesis

B. DEVICE DESCRIPTION

The design features of the CHARLOTTE™ High-Demand Compression Screw are summarized below:

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Screws

- Available in 1 diameter, 15 lengths, and 3 thread lengths.
- Manufactured from Stainless Steel conforming to ASTM F 138, Cold Worked.
- The distal tip of the screw is to be self drilling.
- The distal threaded portion is to be self tapping.
- Packaged non-sterile and sold as a set in a suitable sterilization tray or individually.

Compression Caps

- Available in one size.
- Available with either a grooved or smooth outer surface.
- Manufactured from Stainless Steel conforming to ASTM F 138, Cold Worked.

C. SUBSTANTIAL EQUIVALENCE INFORMATION

The design features, material, and indications for use of the CHARLOTTE™ High-Demand Compression Screw are substantially equivalent to the previously cleared Newdeal I.CO.S.® Screw. This was confirmed by testing conforming to ASTM 543-02. The safety and effectiveness of the CHARLOTTE™ High-Demand Compression Screw is adequately supported by the substantial equivalence information, materials information, and analysis data provided within this Premarket Notification.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JAN 19 2005

Mr. Wesley L. Reed
Regulatory Affairs Specialist
Wright Medical Technology, Inc.
5677 Airline Road
Arlington, Tennessee 38002

Re: K043281

Trade/Device Name: CHARLOTTE™ High Demand Compression Screw
Regulation Number: 21 CFR 888.3040
Regulation Name: Smooth or Threaded Metallic Bone Fixation Fastener
Regulatory Class: II
Product Code: HWC
Dated: November 24, 2004
Received: November 26, 2004

Dear Mr. Reed:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

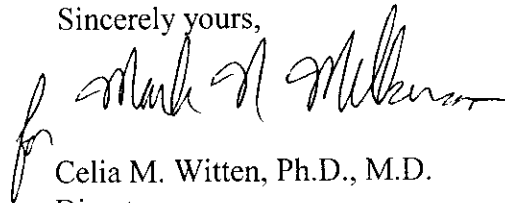
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Celia M. Witten". The signature is fluid and cursive, with a large initial "C" and "W".

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative
and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

K043281

Indications for Use

510(k) Number (if known):

Device Name: CHARLOTTE™ High Demand Compression Screw

Indications For Use:

The High-Demand Compression Screw is indicated for fixation of bone fractures or for bone reconstruction. Examples include:

- Fixation of bone fragments, in long bones or small bones fractures
- Fracture management in the foot or hand
- Arthrodesis in hand, foot or ankle surgery
- Mono or Bi-cortical osteotomies in the foot or hand or in long bones
- Treatment of inferior tibio fibular diastasis
- Hindfoot arthrodesis

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

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Mark N. Melanson
(Division Sign-Off)
Division of General, Restorative,
and Neurological Devices

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